

REPORTING A POTENTIAL TRANSFUSION REACTION

In order to fully investigate any potential transfusion reaction to our products please fill in FRM/SIS/06 – Potential Transfusion Reaction Form.

In order to undertake a thorough investigation for any serious reactions please provide:

- Full temperature storage log showing your monitoring of the blood product
- Acceptance and preparation information for the blood product from arrival to time of use
- Blood product unit ID No
- Transfusion monitoring form showing temperature, pulse & respiration rate during the transfusion with any comments during this time
- Pre and post transfusion Hct/PCV
- Gram stained blood smear made from blood drawn from any remaining blood product – please state time smear prepared in relation to transfusion
- Used blood product bag sealed in a plastic zip lock bag
- Recipient sample preferably 1ml of EDTA and 1ml of separated serum
- Full clinical history of recipient
- Please send samples to Pet Blood Bank Services Limited in controlled temperature packaging as promptly as possible following the transfusion. We suggest you use the packaging and coolant that we use to deliver blood to you to obtain the most representative results from our analysis of samples

Please return to: Laboratory Supervisor

Pet Blood Bank Services Limited

Unit 21 & 22

Loughborough Technology Centre

Epinal Way Loughborough Leicestershire

LE11 3GE



POTENTIAL TRANSFUSION REACTION FORM

Phone:				Vet in	Vet in charge of case: Email:					
				Email						
				Breed	Breed:					
Age:		Sex:		Blood	_ Blood type (if known):					
		nent medical		ons:						
				cision to use a						
Unit	Number	(include dono	r ID an	d line number): Frozen Plasma/	<u> </u>					
				ES or NO		YES" was it:				
·					Rate:					
Desc	ribe natu	re of reactior	(from	increase temp	erature,	vomiting, dic	ırrhoea,	. collap	se, etc)	
List	and	describe	all	treatments	and	dosages	of	any	drugs	
Desc	ribe outc	ome of case:								